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CONFIRMATION NO. 7478

SERIAL NUMBER 10/743,143	FILING OR 371(c) DATE 12/23/2003 RULE	CLASS 705	GROUP ART UNIT 3609	ATTORNEY DOCKET NO. 11884 / 406701
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APPLICANTS

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** CONTINUING DATA ***** None CAS

** FOREIGN APPLICATIONS ***** None CAS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Court Lee</u> Examiner's Signature	<u>CAS</u> Initials			

ADDRESS

23838

TITLE

Enterprise management application providing availability control checks on revenue budgets

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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